UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

1386968



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

or.		-
<u> 250</u>	USEONLY	_
Prefix	Serial	
	}	
	E RECEIVED	
J. N. J.	1401	-

		SEC	JIION 4(6), AN	D/OK	 	DATE RECEIVED
		UNIFORM LIM	IITED OFFERI	NG EXEMPTION		DATERECEIVED
Name of Offering (check if this is	an amendment and n	ame has changed, and	indicate change)		-CEIVED YOU
Private Placement of Limi	ted Partnership I	nterests of Black Sw	an Fixed Income	Alternative Fund, L.	P. 6	CENT L
Filing Under (Check box(s) that apply):	Rule 504 Rul	e 505 🗵 Rule 506	Section 4(6)	ULOE JA	A TO CO.
Type of Filing:	New Filing	Amendment			1	IN 18 2007
			A. BASIC IDENTIF	ICATION DATA	15.7	
1. Enter the information r	quested about th	e issuer	-		16	
Name of Issuer (☐ Black Swan Fixed Inc	check if this is ome Alternati	an amendment and na ve Fund, L.P.	ime has changed, and	indicate change.)		
Address of Executive Offi	cs	(No. and Street, Cit	y, State, Zip Code)		Telephone Nun	nber (Including Area Code)
112 E. Pecan Street, #		San Antonio, Te			(210) 477-	
Address of Principal Busin (if different from Executiv	e Offices)	(No. and Street, City	y, State, Zip Code)	Telephone Num	nber (Including Area	a Code)
Brief Description of Busin	ess			· · · · · · · · · · · · · · · · · · ·		
Investment Partnership						<u></u>
Type of Business Organiza	tion	□				
☐ corporation		\boxtimes	limited partners	ship, already formed		other (please specify)
business trust			limited partners	ship, to be formed		
Actual or Estimated Day	-61			Month	Year	DDOOCECCE
Actual or Estimated Date	or incorporation	or Organization:		1 0	0 6	⊠ RROGESSED
Jurisdiction of Incorpora	ion or Organizat	ion: (Enter two letter	II C. Dontal Commission of			
· ····································	ion or Organizat				E,	E JAN 2 2 2007
		Civ for Canada	n; FN for other foreign	jurisdiction)		_ JAN 2 2 2001
GENERAL INSTRUCTIONS	 -					TIOMONI
Federal: Who Must File: All issuers making:	a offering of securitie	s in reliance on an exemption	n under Regulation D or Secti	ion 4(6), 17 CFR 230.501 et seq.	or 15 U.S.C. 77d(6).	THOMSON FINANCIAL
When To File: A notice must be fil received by the SEC at the address a	ed no later than 15 day iven below or, if recei	ys after the first sale of secu ved at that address after the	rities in the offering. A notic fate on which it is due, on the	and the december of the december of the second		Commission (SEC) on the earlier of the date it is
Where To File: U.S. Securities and I	Exchange Commission	. 450 Fifth Street, N.W., Wa	shington, D.C. 20549,			
Copies Required: Five (5) copies of signatures.	this notice must be fil	ed with the SEC, one of whi	ch must be manually signed.	Any copies not manually signe	d must be photocopies of	the manually signed copy or bear typed or printed
Information Required: A new filing changes from the information previous	must comain all info	rmation requested. Amendr A and B. Part E and the Ap	nents need only report the na	ame of the issuer and offering, a	any changes thereto, the i	nformation requested in Part C, and any materia
Filing Fee: There is no federal filing	fee.		The state of the s			
State:						
						ave adopted this form. Issuers relying on ULOE to the claim for the exemption, a fee in the proper
amount shall accompany this form.	rana morrue sinam de III	es in the appropriate states is	n accordance with state law. ATTENTIC	THE APPENDIX TO THE BOTICE COUR.	titutes a part of this notice	and must be completed.
Failure to file noti	ce in the apr	ropriate states	will not result in	a loss of the feder	al exemption	Conversely, failure to file
line appropriate i	ederai notic	e will not resul	t in a loss of	an available state	a exemption	conversely, failure to file
predicated on the	filing of a fee	deral notice.			exemption u	ness such exemption is
	-					
Potential persons who are to respon	d to the collection of i	nformation contained in thi	s form are not required to res	spand unless the form displace	currently valid OMP co-	ntrol number
······································				, , , , , , , , , , , , , , , , , , , ,		SEC 1972 (2-97)

			A. BASIC IDENTIF	ICATION DATA		
2.	Enter the information	requested for the fo	ollowing:	•		
x x	Each beneficial owner issuer;	having the power and director of cor	has been organized within the perfect the vote or dispose, or direct the reporate issuers and of corporate truership issuers.	vote or disposition of, 10% o		
	k Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or
	Name (Last name first,		 			Managing Partner
Busir	k Swan Advisers, L.P ness or Residence Add E. Pecan Street, #900,	ress (Number and S	Street, City, State, Zip Code)			
	k Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
	Name (Last name first, k Swan Capital, LLC		of General Partner			
Busir	ness or Residence Add E. Pecan Street, #900,	ress (Number and S	Street, City, State, Zip Code)			
	k Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
Walk		r of General Part	ner of General Partner			
	iess or Residence Addi E. Pecan Street, #900,		Street, City, State, Zip Code) as 78205			
	k Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full 1	Name (Last name first,	if individual)				
Busin	ness or Residence Addr	ress (Number and S	Street, City, State, Zip Code)			
Check	k Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full N	Name (Last name first,	if individual)				real and a second
Busin	ess or Residence Addr	ess (Number and S	Street, City, State, Zip Code)			
Checl	k Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full N	Name (Last name first,	if individual)				THE TANK THE
Busin	less or Residence Addr	ress (Number and S	Street, City, State, Zip Code)			
Check	k Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full N	Name (Last name first,	if individual)			·	
Busin	ess or Residence Addr	ess (Number and S	treet, City, State, Zip Code)		<u> </u>	

														ــــــــــــــــــــــــــــــــــــــ
		·····									FFERI			
1.	Has the is	suer sole			ler inten Iso in A							ing?	Yes	No ⊠
2.	What is th	e minim	ium inve	stment !	hat will	be accep	pted from	n any in	dividual	?			\$ <u>500</u>	,000,00
3.	. Does the offering permit joint ownership of a single unit:										Yes ⊠	No		
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											A.			
Full	Vame (La:	st name	first, if i	ndividua	ıl)									
Busir	ess or Re	sidence	Address	(Numbe	er and St	reet, Cit	y, State	Zip Co	de)					·
Name	of Assoc	iated Br	oker or l	Dealer										
	in Whiel						to Solici	t Purcha	sers	4.0.1				
(Cnec	k "All Sta] [AK]	AZ]	cneck in [AR]	dividual [CA]	States).	[CT]	[DE]	[DC]	[FL]		tun	(115)		All States
تار) [ال]		[IA]	[KS]	(KY)	[LA]	[ME]	[MD]	[MA]	[MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]		
[MT		[NV]	[NH]	(NJ)	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]		(SD)	[TN]	[TX]	[נדט]	(VT)	[AV]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full 1	Vame (Las	st name	first, if i	ndividua	l)								- -	
Busin	ess or Re	sidence .	Address	(Numbe	r and St	reet, Cit	y, State,	Zip Co	de)		··· · · · · · · · · · · · · · · · · ·			<u> </u>
Name	of Assoc	iated Br	oker or l	Dealer										<u> </u>
	in Which													
														All States
[AL		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]		
(IL) (MT		[IA]	(KS)	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[RI]		[NV] [SD]	[NH] [TN]	(UN) [XT]	(NM) (UT)	[NY] [VT]	[NC] [VA]	[ND] [WA]	(WV)	(OK) [WI)	[OR] [WY]	(PA) [PR)		
Full N	lame (Las	t name t	first, if ir	ıdividua	l)		· - · · ·							
Busin	ess or Res	sidence .	Address	(Numbe	r and St	reet, Cit	y, State,	Zip Cod	de)			1 <u></u>		
Name	of Assoc	iated Br	oker or I	Dealer			<u>-</u>							
States	in Which	Person	Listed F	las Solid	ited or I	ntends t	o Solici	Purcha	sers					····
	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)										All States			
[AL]	(AK)	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]		
(IL)		[lA]	[KS]	[KY]	[LA]	[ME]	(MD)	[MA]	(MI)	[MN]	[MS]	[MO]		
[MT		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]		
(RI)	[SC]	[SD]	[TN]	[XT]	נעדן	[VT]	[VA]	[WA]	[wv]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security	(Aggre _l Offering	gate Price	An	nount Aiready Sold
	Debt	\$_	0		\$	0
	Equity	\$_	0		\$	0
	☐ Common ☐ Preferred		<u> </u>			
	Convertible Securities (including warrants)	\$	0		\$	0
	Partnership Interests			450,00	<u> </u>	9,754,450.00
	Other (Specify)			,50,00	ξ_	0
	Total			450.00	-,*	9,754,450.00
	Answer also in Appendix, Column 3, if filing under ULOE	J	3,734,	+30.00	- -	9,734,430.00
	Allswer also in Appendix, Column 3, it thing under OLOL					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero."					
			Numl			Aggregate
			Invest	ors		ollar Amount
	And Profit over				-	of Purchases
	Accredited Investors		4		2—	9,754,450,00
	Non-accredited Investors	_	0		<u>\$</u>	0
	Total (for filings under Rule 504 only)	_	N/A		\$	N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.					
	Type of offering		Туре		D	ollar Amount
	Rule 505		Secur	ııy	•	Sold
		_	N/A		3	N/A
	Regulation A	_	N/A		`,—	_ N/A
	Rule 504		N/A		<u>3</u> _	N/A
	Total	_	N/A		2	_N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the secu this offering. Exclude amounts relating solely to organization expenses of the issuer. The informable given as subject to future contingencies. If the amount of an expenditure is not known, furnish estimate and check the box to the left of the estimate.	ation				
	Transfer Agent's Fees				\$	0
	Printing and Engraving Costs				S	0
	Legal Fees			×	\$	5,000
	Accounting Fees				\$	0
	Engineering Fees				\$	0
	Sales Commissions (specify finder's fees separately)			_	<u> </u>	0
	Other Expenses (identify)				<u> </u>	0
	Total			×	<u> </u>	5,000
	T VMI	• • • • • • • • • • • • • • • • • • • •		Ċ.	J	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C. OFFERING PRICE,	NUMBER OF INVESTORS, EXP	ENSES AND USE	OF PR	OCEED	S	
b. Enter the difference between the aggreand total expenses furnished in response proceeds to the issuer."	gate offering price given in response to F	Part C-Question I			\$_9,749,4	450 O
 Indicate below the amount of the adjusted each of the purposes shown. If the amount check the box to the left of the estimate. proceeds to the issuer set forth in respons 	gross proceeds to the issuer used or propagation for any purpose is not known, furnish a	posed to be used for			-	
			Óf Dire Af	ments to ficers, ctors, & filiates	Payments 7 Other	
					\$	_
	.,				\$	_
Purchase, rental or leasing and insta	llation of machinery and equipment		\$		\$	
Construction or leasing of plant bui	dings and facilities		, \$		\$	
Acquisition of other businesses (inc may be used in exchange for the ass	luding the value of securities involved in ets or securities of another issuer pursuar	this offering that nt to a merger)	\$		\$	_
Repayment of indebtedness			\$		\$	_
Working capital					\$	_
Other (specify) (investments)			s		\$ 9,749,4	- 50.00
Column Totals	•••••••••••••••••••••••••••••••••••••••		\$	×	\$_9,749,45	50.00
Total Payments Listed (column tota	s added)	······································	- 	\$ <u>9,7</u>	49,450.00	<u>, 0.00</u>
	D. FEDERAL SIGNATU	RE	 _		-	
The issuer has duly caused this notice to be signed signature constitutes an undertaking by the issued information furnished by the issuer to any non-acc	ed by the undersigned duly authorized per	rson. If this notice is	filed und upon writ	er Rule 50 ten reques	5, the followin t of its staff, th	ig ie
Issuer (Print or Type) Black Swan Fixed Income Alternative Fund,	Signature	Date				
L.P.	7. Thomanalles	January /	O , 200	7		
Name of Signer (Print or Type)	Title of Signer (Print or Type)		,	-		
S. Tobin Walker	Manager of Black Swan Capital, LLC, partner	general partner of B	lack Swa	n Advisors	, L.P., general	
Intentional minetals	ATTENTION nissions of fact constitute federal of				<u>.</u>	

	E. STATE SIGNATURE										
ŧ.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such Yes No rule?										
	See Appendi	x, Column 5, for state response.									
2.	The undersigned issuer hereby undertakes to (17 CFR 239.500) at such times as required	o furnish to any state administrator of any state in by state law.	which this notice is fil	ed, a notice o	on Form D						
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.										
4.		ssuer is familiar with the conditions that must be s which this notice is filed and understands that the at these conditions have been satisfied.									
	e issuer has read this notification and knows t lersigned duly authorized person.	he contents to be true and has duly caused this no	tice to be signed on its	behalf by the	e						
	uer (Print or Type)	Signature	Date	Date							
Bla L.P	ck Swan Fixed Income Alternative Fund,	9. 7 kin Nehu	January <u>(0</u> , 2007	77							
Na	Name of Signer (Print or Type) Title of Signer (Print or Type)										
S. Tobin Walker Manager of Black Swan Capital, LLC, general partner of Black Swan Advisors, L.P., general partner											

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

ı	:	2	3		4			5		
	non-acc investor (Par	to sell to credited s in State rt B- n I)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Туре	Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount					
AL										
AK							*- ··-			
AZ										
AR										
CA										
СО										
СТ										
DE										
DC										
FL										
GA										
ні										
ID										
IL										
IN										
IA										
KS	•									
KY										
LA										
ME										
MD										
MA										
MI										
MN										
MS										
мо										

APPENDIX

ı	2 3				5				
	non-acc	s in State rt B-	Type of security and aggregate offering price offered in state (Part C- Item!)	Туре с	Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors			
МТ							Amount		
NE									
NV			-	. , _					
NH							<u> </u>		
NJ					· · · · · · · · · · · · · · · · · · ·				
NM								*	
NY									
NC									
ND									
ОН									
ок									
OR				:					
PA									
RI			· · · · · · · · · · · · · · · · · · ·						
sc									
SD									
TN			,						
тх		No	Limited Partnership Interests \$9,754,450	4	\$9,754,450	0	\$0	No	
UT									
VT									
VA									
WA									
wv									
WI									
WY									

APPENDIX

1] :	2	3		5				
	non-acc investors (Par	o sell to credited s in State rt B- n 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Туре с	Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount		
PR									